

County: Sheboygan  
ST. NICHOLAS TRANSITIONAL CARE  
1601 TAYLOR DRIVE

Facility ID: P260

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SHEBOYGAN 53081 Phone: (920) 459-4740  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/01): 15  
Total Licensed Bed Capacity (12/31/01): 15  
Number of Residents on 12/31/01: 9

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? No  
Average Daily Census: 6

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100.0		
Home Health Care	No					1 - 4 Years	0.0		
Supp. Home Care-Personal Care	No					More Than 4 Years	0.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	22.2				
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	22.2				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	11.1				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.4				
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0				
Congregate Meals	No	Cancer	0.0			*****			
Home Delivered Meals	No	Fractures	11.1			Full-Time Equivalent			
Other Meals	No	Cardiovascular	11.1	65 & Over	77.8	Nursing Staff per 100 Residents			
Transportation	No	Cerebrovascular	0.0			(12/31/01)			
Referral Service	No	Diabetes	11.1	Sex	%	RNs	50.0		
Other Services	No	Respiratory	0.0			LPNs	9.2		
Provide Day Programming for		Other Medical Conditions	66.7	Male	44.4	Nursing Assistants,			
Mentally Ill	No			Female	55.6	Aides, & Orderlies			
Provide Day Programming for			100.0						
Developmentally Disabled	No								

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	12.5	322	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	11.1
Skilled Care	7	87.5	322	0	0.0	0	0	0.0	0	1	100.0	289	0	0.0	0	0	0.0	0	8	88.9
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		0	0.0		0	0.0		1	100.0		0	0.0		0	0.0		9	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	1.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	11.1	88.9	0.0	9
Other Nursing Homes	0.0	Dressing	11.1	88.9	0.0	9
Acute Care Hospitals	99.0	Transferring	0.0	100.0	0.0	9
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	0.0	100.0	0.0	9
Rehabilitation Hospitals	0.0	Eating	100.0	0.0	0.0	9
Other Locations	0.0	*****				
Total Number of Admissions	203	Continence			%	
Percent Discharges To:		Indwelling Or External Catheter	11.1	Receiving Respiratory Care		33.3
Private Home/No Home Health	39.5	Occ/Freq. Incontinent of Bladder	22.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	39.0	Occ/Freq. Incontinent of Bowel	11.1	Receiving Suctioning		0.0
Other Nursing Homes	10.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	3.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		0.0
Rehabilitation Hospitals	0.0					
Other Locations	8.0	Skin Care		Other Resident Characteristics		
Deaths	0.5	With Pressure Sores	0.0	Have Advance Directives		55.6
Total Number of Discharges		With Rashes	11.1	Medications		
(Including Deaths)	200			Receiving Psychoactive Drugs		33.3

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	40.0	88.1	0.45	84.6	0.47
Current Residents from In-County	100.0	83.9	1.19	77.0	1.30
Admissions from In-County, Still Residing	4.4	14.8	0.30	20.8	0.21
Admissions/Average Daily Census	3383.3	202.6	16.70	128.9	26.24
Discharges/Average Daily Census	3333.3	203.2	16.40	130.0	25.63
Discharges To Private Residence/Average Daily Census	2616.7	106.2	24.64	52.8	49.60
Residents Receiving Skilled Care	100.0	92.9	1.08	85.3	1.17
Residents Aged 65 and Older	77.8	91.2	0.85	87.5	0.89
Title 19 (Medicaid) Funded Residents	0.0	66.3	0.00	68.7	0.00
Private Pay Funded Residents	11.1	22.9	0.48	22.0	0.50
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.8	0.00
General Medical Service Residents	66.7	20.4	3.27	19.4	3.43
Impaired ADL (Mean)*	40.0	49.9	0.80	49.3	0.81
Psychological Problems	33.3	53.6	0.62	51.9	0.64
Nursing Care Required (Mean)*	5.6	7.9	0.70	7.3	0.76